

Northern Uganda Early Recovery Project

Second Progress Report

July 2010 – December, 2010 (Half Year Report)

Prepared: 12th February, 2011

Table of Contents

Section	Торіс	Page
1.0	Basic Data /Summary:	2
	Executive Summary	3
2.0	Purpose	5
2.1	Goal	5
2.2	Objectives	5
2.3	Outputs	5
2.4	Attainment of Human Security Objectives	6
2.5	Main Implementation Partners	7
3.0	Results	8
4.0	Implementation Issues	18
4.1	Implementation Constraints	18
4.2	Lessons Learnt	19
4.3	Percentage Budget Spent	20
4.4	Impact of Key Partnership	20
4.5	Impact on Women, girls, boys and men	20
5.0	Annual Work Plan 2011	21
5.1	Overview of Planned Activities	21
5.2	Major adjustment to Strategies and Targets	21
5.3	Justification	21
5.4	Annual Work Plan	23
6.0	Conclusion	32

SECTION 1: BASIC DATA/SUMMARY

Date of submission: (31st January 2011) Benefiting country and location of the project: Uganda (Lira and Oyam Districts in Lango Sub-region) Title of the project: Northern Uganda Early Recovery Project Duration of the project: 24 Months; July 2009 – June 2011 UN organization responsible for management of the project: UNDP UN executing partners: UNDP, WFP and WHO Non-UN executing partners (if applicable): N/A Total project cost (including programme support cost): US\$ 3,807,443 (UNDP: 1,826,873, WHO: 664,470 and WFP: 1,316,100) Reporting period: June 2010 – December, 2010 Type of report: Second Progress Report

A. How far have the intended outputs been achieved?

The project has registered considerable strides since inception in April 2010. The pace of project implementation is improving and progress to achieve the intended outputs is underway. The following highlights represent achievement of outputs during the six months reporting period:

WFP

- A 12 Km community access road from Ajaga parish to Acimi parish has been constructed and opened for use.
- One satellite collection point for produce has been constructed in Amach sub-county and the remaining seven are at different levels of construction. Two collection points in Loro and Ber sub-counties are expected to be completed by the end of March,2011
- Four tree nurseries where the seedlings for schools, communities and households are being raised have been established. To date 625 participants have been trained in environmental awareness, conservation and sustainability.
- The construction of a fish hatchery is near completion. It awaits internal installations. The hatchery, which was constructed in partnership with the District Fisheries Department, will be completed by the end of April 2011.

WHO

Through this project, access to basic medical services improved in Lira and Oyam districts. Following were the main outputs during the six months time lag:

- Access to basic medical services was assured in the project area by ensuring availability of essential drugs at health facility and community levels and providing outreach services to areas without health facilities. This activity directly benefitted 68,457 people of which 32,951 are males, 35,506 are females and 13,143 are children under 5 years;
- Early detection and prompt response to epidemic outbreaks was assured through strengthening of the HMIS and surveillance system and stockpiling of drugs and medical supplies (An assortment of medicines and supplies were donated for yellow fever prevention and response in the project areas). This activity has directly benefitted 68,457 adults comprising 32,951 males, 35,506 females and 13,143 children under 5 years.
- Access to essential life saving preventive interventions was assured in project area. This activity has directly benefitted 68,457 people (32,951 males, 35,506 females) and 13,143 children under 5 years;
- Humanitarian response, return and early recovery activities were well coordinated and duplication prevented through coordination meetings and updating the service availability mapping to identify gaps. This activity has directly benefitted 68,457 people (32,951 males, 35,506 females) and 13,143 children under 5 years.

In the area of Early detection and prompt response to epidemic out-breaks this was assured through:

- Provision of technical and financial support to strengthen the HMIS and surveillance activities in the two districts funds were disbursed for reporting, surveillance review meetings and active search every quarter;
- Stockpile of drugs and medical supplies was available in Lira and Gulu WHO Focal Offices especially for Cholera, meningococcal meningitis and yellow fever suspects. Some medicines and supplies were donated for yellow fever response. This activity directly benefitted the whole of the Lango sub-region. The timeliness and completeness of the weekly

epidemiological reporting has been maintained at above 95% in the project area, which is above the recommended 80%. As a result, major outbreak of epidemic prone diseases were averted in Oyam and Lira Districts;

- Access to essential life saving preventive interventions was assured in project area. In Lira & Oyam districts the DPT3 is 88% (Lira HMIS) achieved against the target of 80%. One Child Health Days Plus were conducted in each of the two districts of Lira and Oyam in November 2010;
- Humanitarian response, return and early recovery activities were coordinated and duplication prevented through coordination meetings and mapping of interventions to identify gaps (who, where and what). The UNV HAC Assistant and Public Information Assistant from WHO Gulu Sub-Office (SO) updated the Service Availability Mapping (SAM) in Oyam and Lira and the data are being cleaned / collated now before being entered into data base and dissemination. One NPO was recruited and deployed in WHO Sub-Office based in Gulu, but continues to provide support supervision and monitoring to Lira and Oyam districts. Two District Health Management Team meetings were held in each of the two project districts during the review period. This activity benefitted the target beneficiaries.
- UNDP
- Due to constraints emanating from the internal transformation planning, UNDP could commence its components of the project objectives in time. Through a competitive RFP, World Vision UK was contracted to fast track implementation of the resettlement, production enhancement and the peace building aspects of the work plan. Implementation effectively commenced in January with recruitment of field staff and procurement of other inputs.

B. What is the impact of the project so far?

WHO

It is still early to assess the impact of the project because of the delayed take off in certain activities. For the same reason some accountabilities delayed due to the 3 rounds of Polio campaigns, hence competing priorities. Nevertheless some effects are already noticeable in a few areas for example:

- a). There has been an increase in OPD attendance, with 276,874 cases of clinical malaria handled between July to December 2010 compared to 169,705 cases during the 1st reporting period (Jan-June 2010); essential drugs were out of stock for some parts of the period under review, hence the nominal increase of 6% (the OPD utilization improves whenever the essential medicines are available).
- d). the project has strengthened surveillance and active response to threats of epidemics in the two districts of the project area.

WFP:

Similarly while it is still early to establish impacts of the project there are a few early indications of positive impact, particularly in areas relating to the environment interventions.

- a) **Community gardens facilitate learning and increase production:** As a result of the training, two community tree nurseries have been opened and are managed by the communities. Over 600 farmers have been trained on tree nursery establishment and wood lot management.
- b) **Working as** *One UN* **to support the Government:** There has been positive collaboration with the local authorities in implementing the project. Also, the three UN implementing agencies have demonstrated linkages between their interventions, with open dialogue among key stakeholders. This situation is positively contributing to the project outcomes.

SECTION 2: PURPOSE

This section presents the main goal, objectives and outputs expected as per the approved project document.

2.1. Goal:

The **main goal** of this project is to support the rapid and self-sustainable recovery of at least 30% of the 228,190 persons across 16 sub-counties, the conflict-affected returning population and their communities through an integrated service delivery and nutritional services within two years. This will be done through the following four objectives: community-based recovery approach.

2.2. Objectives:

- Objective 1: To facilitate resettlement and recovery among the target population through enhancing the physical and organisational assets in 16 sub-counties that are areas of return. (UNDP&WFP);
- Objective 2: To improve the production capacity and income of 10,000 households (60,000 individuals) through agricultural and non-agricultural activities and access to credit and savings in two (2) years. (UNDP&WFP);
- Objective 3: To improve the health, nutritional, and HIV/AIDS status of at least 30% of the 228,190 persons in 16 sub-counties and uphold their right to health through improved accessed to quality health and nutritional services (WHO); and
- Objective 4: To allow 16 sub-counties where people have returned to engage in peace building and conflict prevention processes involving women, youth, religious, and cultural/local leaders within the project period (UNDP).

2.3. Outputs

The expected outputs of the project by objectives are as follows:

Objective 1

1.1 Community access roads that connect target population to basic services are opened and serviceable;

1.2 Land at selected de-gazetted IDP camps and areas of return restored and sustainably managed;

1.3 Capacity of two District Local Governments to implement participatory development management strengthened.

Objective 2

2.1 Agricultural production and productivity of 6,000 households increased through provision of agricultural inputs and training;

2.2 Economic opportunities of 2,000 households diversified through provision of non-agriculture skill training and access to savings and financial resources;

2.3 Annual per capita increase in marketable surplus of staple foods (maize, beans) sold through farmer association members (disaggregated by gender and commodity type);

2.4 Alternative sources of income of 2,000 farmer households increased through community based integrated fish farming.

Objective 3

3.1 Access to basic medical services is assured in the project area by ensuring availability of essential drugs at health facility and community levels and providing outreach services to areas without health facilities;

3.2 Early detection and prompt response to epidemic outbreaks is assured through strengthening of the HMIS and surveillance system and stockpiling of drugs and medical supplies;

3.3 Access to essential life saving preventive interventions assured in project area;

Objective 4

4.1 Local communities are made aware of mediation and dialogue in the resolution of conflicts reconciliation and moral recovery;

4.2 Mediation services, dialogues, and reconciliation activities involving the youth, women, cultural, religious, and local leaders in 16 sub-counties and two districts are strengthened;

4.3 At least 480 women and youth from 16 peace rings are engaged in participatory reconciliation and peace-building initiatives.

2.4. Attainment of the Human Security Objective

The project beneficiaries are the conflict-affected returning population whose survival, means of livelihood, and dignity are being threatened; (1) the nature of the project addresses a wide range of interconnected issues, specifically poverty, health, nutrition, and livelihood opportunities and recognizes the relationship between these issues; (2) the project focuses on addressing areas of human security that are neglected; and (3) the multi-sect oral and inter-agency integration approach that this project applies bridge transition from crisis to post-crisis recovery to support human security in Northern Uganda.

The returned populations and their communities in Northern Uganda, specifically in the districts of Lira and Oyam in Lango sub-region, are the intended beneficiaries of this project. The project focuses on 16 sub-counties in the two districts selected on the basis of the rapid pace of return and accompanying urgency for social services, livelihoods and human security support. It is expected that the project will respond to the needs of approximately 228,190 persons who have settled in their areas of origin and targeted commonly under a 'community-based recovery approach'.

Among others, the project focuses on addressing the areas of human security that are neglected. The project addresses more than one element of the situations that adversely affect human security and pay particular attention to the special needs and vulnerabilities of women and children. Following are some of the strategies the project applied to attain human security:

- Protection interventions focused on people exposed to physical violence, discrimination and inequalities in treatment.
- Supporting and empowering the returned peoples to mitigate on the socio-economic impact of displacement through sustainable community based approaches.
- Protecting and empowering people in conflict situations and in transition from war to peace through the integration of humanitarian and development assistance; disarmament, demobilization and reintegration (DDR); reconciliation and coexistence; and other processes. These activities shall also contribute to preventing the recurrence of conflicts.
- Realizing minimum living standards, including assisting community-level efforts to establish mechanisms to protect people exposed to extreme poverty, sudden economic downturns and natural disasters.
- Enhancing health care and service coverage to those whom other initiatives have not reached successfully.
- Protecting the beneficiaries from outbreak of epidemic prone diseases and preventing them from having catastrophic expenditure for seeking treatment.
- Humanitarian response, return and early recovery activities are well coordinated and duplication prevented through coordination meetings and mapping of interventions to identify gaps. Access to basic medical services was assured in the project area by maintaining essential drugs at health facility and community levels and providing outreach services to areas without

health facilities. This activity directly benefitted 68,457 people of which 32,951 are males, 35,506 are females and 13,143 are children under 5 years;

- Early detection and prompt response to epidemic outbreaks was assured through strengthening of the HMIS and surveillance system and stockpiling of drugs and medical supplies (An assortment of medicines and supplies were donated for yellow fever prevention and response in the project areas. This activity has directly benefitted 68,457 people of which 32,951 are males, 35,506 are females and 13,143 are children under 5 years.
- Access to essential life saving preventive interventions was assured in the project area. This activity has directly benefitted 68,457 people of which 32,951 are males, 35,506 are females and 13,143 are children under 5 years;
- Humanitarian response, return and early recovery activities were well coordinated and duplication prevented through coordination meetings and updating the service availability mapping to identify gaps. This activity has directly benefitted 68,457 people of which 32,951 are males, 35,506 are females and 13,143 are children under 5 years.

2.5. Main Implementing Partners

World Food Programme is implementing the UNTFHS partly through partners and partly through direct implementation under Objective 1: *To facilitate resettlement and recovery among the target population through enhancing the physical and organisational assets in 16 sub-counties that are areas of return* and Objective 2: *To improve the production capacity and income of 10,000 households (60,000 individuals) through agricultural and non-agricultural activities and access to credit and savings in two (2) years.* WFP has engaged the following partners:

Partner ACTED

District of operation

Oyam District

Sesakawa Africa Association/Sasakawa Global 2000(SG 2000) Lira District

The Cooperating Partners work closely with the district technical departments to construct community access roads, satellite collection points and the hatchery. Furthermore, under the fish farming interventions, efforts will be made to organise fish farming groups, who will receive training in modern fish farming by the district fisheries department.

To strengthen the partnership during the reporting period; WFP held seven monthly partners review meetings with all the Implementing Partners (IPs); one mid term review meeting with SAA/SG 2000; and one joint general meeting. It is important to note that the activities implemented under the UNTFHS have been fully integrated into the WFP Country Programme and in particular into the Agriculture and Market Support/P4P programme. The integration of activities allows for synergy between UNTFHS activities with AMS/P4P supported activities which look at: post harvest handling, market access and agro-processing.

WHO has field offices with staff based in Gulu with Lira and Oyam districts as their catchment areas of operation. The field staff worked in close partnership with the DHT, the Health Centers and through VHTs to reach to the communities.

UNDP's main Implementation partner World Vision UK is operating in Oyam and Lira districts, through the Area Development Programme

Partner World Vision UK **District of operation** Oyam & Lira District

SECTION 3: RESULTS

The following activities were undertaken by UN agencies and their implementing partners during the reporting period.

WFP

During the first half of the project period, WFP identified implementing partners to undertake the UNTFHS activities. Memorandums of Understandings were signed with two Cooperating Partners in Lira and Apac districts. These partners are also supported under WFP's P4P initiative to undertake complementary activities to the ones identified under UNTFHS, such as training in post harvest handling, marketing.

OBJECTIVE ONE:

1.1 Physical assets improved: In Minakulu Sub County, Oyam District, a <u>12 km access road</u> has been opened from Ajaga parish to Acimi parish.



A community road before construction



Beneficiaries using a newly graded community road

1.2 Sustainable Land Management:

In attainment of objective one, four tree nurseries have been established. The four tree nurseries comprise of two community nurseries in Ogur, and Iceme Sub Counties, and two central nurseries in Oyam and Ngetta. A total of 625 beneficiaries (175 females and 450 males) have been trained on tree nursery establishment, wood lot management and to raise awareness on environment regeneration and protection. A total of 250,000 seedlings have been planted and will be transplanted in the next season.



Propagation of tree seedlings in Ngetta Central Tree Nursery

OBJECTIVE TWO 2.3 Building capacity and improving productivity:

A market collection point has been constructed in Amach sub-county, and two stores are currently under construction in Loro and Aber Sub Counties in Oyam district under ACTED. Discussions are under way with the District Local Governments to either construct five more stores or renovate/rehabilitate the already existing stores in the region.

2.4 Alternative incomes through fish farming:

In view of supporting 2000 farmers to increase household income through fish farming as an alternative source of income, WFP has carried out an assessment to establish the status of fish farming in Oyam and Dokolo district. The hatchery in Anai has been constructed but awaits final installation of heating and other related systems before it becomes operational. Plans are also under way to re-organise the fish farming communities in Oyam and the neighbouring Dokolo district to benefit from the hatchery. Although Dokolo is not in the project area, its on-going fish farming activities are bound to benefit from the fingerlings produced from the hatchery since the production of the fingerlings is anticipated to be relatively high. Additionally, the cost of each fingerling will be more attractive than purchasing quality seeds from far-off districts. Discussions are underway to redesign the implementation strategy to meet the project objective based on the advice of District Officials, farmers and the Ministry of Agriculture. The new approach will be finalised in March 2011.



Fish farming assessment in Oyam District

Progress towards the achievement of outputs accomplished against set targets is summarized in table one below:

Table 1: Progress towards the achievement of the pro-

Output	OVIs	Progress/Results	Comments/ Recommendation
1.1 Physical assets (community roads) that connect target population to basic services are opened and serviceable.	57 kms of community access roads opened / rehabilitated.	57 km of roads identified and of which 12km have been constructed	The adjustment from 100 km of road constructed to 57 km due to increased price of input for road construction .e.g. fuel
1.2 Land at selected de- gazetted IDP camps and areas of return restored and sustainably managed.	Four central tree nurseries - with a capacity of 350,000 seedlings each are established and seedlings distributed to schools and communities.	2 central tree nurseries established at Ngetta Zonal institute and Oyam district Hqts;2 community nurseries established in Iceme and Ogur S.Counties Site selection has taken place for school, community and household woodlots at de-gazetted IDP camps and areas of return in both Lira and Oyam districts; 250,000 seedlings being raised for transplanting into the selected woodlots in the first planting season of April and May.	Late start due to delayed release of funds; It was also necessary to wait for the appropriate season to start the establishment of tree nurseries.
	4,000 people (50% female) trained in environmental sustainability practices.	625 people (450 men and 175 women) were trained on environmental awareness, conservation, restoration and sustainability. Women were consumed in other demanding household choirs making it difficult for them to meet their quarter.	Translation of theory into practice a challenge, hence need for continuous training on both the skills and the benefit of the activity; Training was deferred to enable participants tend to their gardens during the planting season.
1.3 Capacity of two District Local Governments to implement participatory development management strengthened.		Priority for 2011 implementation by UNDP	Start delayed due to transformation planning in UNDP. Now being fast tracked through WV

Output	OVIs	Progress/Results	Comments/ Recommendation
2.1 Agricultural production and productivity of 6,000 households increased through provision of agricultural inputs and training.	A minimum of 50 percent of farmers use demonstrated farming techniques by the end of the project.	Priority for 2011 implementation by UNDP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2.2 Economic opportunities of 2,000 households diversified through provision of non-agriculture skill training and access to savings and financial resources.	Households/ beneficiaries supported through innovative business enterprises and linked to micro- finance institutions are able to increase their income by 25%.	Priority for 2011 implementation by UNDP	
2.3 Annual per capita increase in marketable surplus of staple foods (maize, beans) sold through farmer association members (disaggregated by gender and commodity type).	10% increase in income of targeted farmers annually	One market collection point has been constructed in Amach Sub County Head quarters Lira District Two are under construction in Aberr & Loro Sub Counties in Oyam District Five other sites have been identified (1 for construction and 4 for rehabilitation). The collection point have a capacity of 100 to 300 MT Each constructed site to be equipped with post harvest handling equipments. Farmer groups selected to manage the stores will be trained in stores management Over 100 MT of grain was bulked in Lira district by farmer organisations.	Partner identification process took longer than expected which, coupled with delayed funds release, led to delayed implementation. Due to the increase in construction inputs, the budget could not sustain the attainment of earlier set outputs. As a result the targets were reduced thus: 8 satellite market collection points from 16 and 57km of road from 100km.

Output	OVIs	Progress/Results	Comments/ Recommendation
2.4 Alternative sources of income of 2,000 farmer households increased through community based integrated fish farming.	10% increase in the production of fish annually	MAAIF has submitted training proposals that is still under review. An initial re-stocking exercise of fish will be undertaken, once the hatchery construction is complete and fish farming groups have been re-organised and prepared to receive fingerlings. Assessment of the status of fish farming in Oyam ,& Lira Districts has been done;71 Fish farming groups and individuals were visited during the assessment	Implementation prioritized for the second half of this year.
	3.1.1 Provision of technical support to district health teams to quantify, order for and transport basic drugs and medical supplies to the rehabilitated health facilities.	On-going technical support provided to the districts of Lira & Oyam to quantify & order drugs for HC IVs only - other HCs use push system; Supported in the distribution of medicines to health facilities in the project area as planned in Lira and Oyam per quarter.	The medicines & supplies timely delivered to the health facilities of the project areas.
3.1 Access to basic medical services is assured in the project area by ensuring availability of essential drugs at health facility and community levels and providing outreach services to areas without health facilities.	3.1-2 No of bi-monthly technical support supervision to ensure availability of essential medical services According to HSSP II minimum health care package.	Quarterly technical support supervisions conducted in each of the two districts – two supervisions made. & is on-going.	Though MoH is using a new supply system (from NMS direct to Health Units) – but not including HC IVs in 2010. Difficulties are that the huge trucks cannot deliver to small health units (supplies left in district stores).
	3.1-3 No. of integrated outreaches conducted to hard-to-reach areas / no of patients seen and return areas with no functional health facilities	On-going - Two outreaches conducted from each health facility to underserved areas per week	Lack of adequate staffing is of concern and more staff still needed.

Output	OVIs	Progress/Results	Comments/ Recommendation
	3.1-4 No. of refresher training conducted for 1770 VHTs in both Lira & Oyam and provide them with a all necessary incentives	One refresher training conducted in Lira & Oyam for a total of 1770 VHTs and provided with some work related tools	Rate of attrition of VHTs is high. Need for sustainable modality for this effective strategy
	3.1-5 No. of HCT outreaches conducted in scaling up HIV/AIDS testing, counseling and Treatment and TB community- based DOTS in return areas / DBS.	The HCTs integrated in the integrated outreaches and conducted as an on-going process twice a week from each of the selected HFs; 157 pregnant mothers counseled in Oyam . Two radio talk shows conducted in each district to improve male involvement in PMTCT	Advocacy for male involvement is necessary.
3.2 Early detection and prompt response to epidemic outbreaks is assured through strengthening of the HMIS and surveillance system, and stockpiling of drugs and modical	3.2.1. Timeliness and completeness of weekly IDSR data. No. of EPR trainings for new Surveillance Focal persons / No. of IEC materials / HMIS forms Attack Rates (AR) of epidemic diseases such as malaria upsurge and dysentery outbreak	Achieved over 95% completeness and timelines through on job training of two surveillance focal persons, provision of HMIS/IDSR tools and support supervision to health units especially the none reporting or late reporting once; WHO CO provided HMIS data collecting tools. Attack rate not applicable	Advocate for re- orientation of health workers on the revised HMIS forms and case definitions
drugs and medical supplies.	3.2.2. Stockpiled of selected emergency drugs and medical supplies for likely epidemics,	Maintained stockpile of selected emergency medicines & supplies for likely epidemics in WHO FOs in Lira and Gulu;	Revision of the case definitions & HMIS forms completed - re- orientation of the district EPR managers planned.

Output	OVIs	Progress/Results	Comments/ Recommendation
	3.3.1 No. of pulse immunization conducted and child days in two districts	The targeted one Child Health Days Plus conducted in each of the two districts in November 2010 with support from the project attaining DPT3 coverage of 88% above recommended 80%	This was done well.
3.3 Access to essential life saving preventive interventions assured in project area.	3.3.2. No of on-job- trainings / orientations conducted to health workers or VHTs in filariasis and other neglected tropical diseases such as sleeping sickness. No. of NTD mass drug administration done	One on-the-job training / orientation conducted in Oyam and Lira for VHTs of filariasis and other neglected tropical diseases. One NTD mass drug administration done in Oyam and Lira (figures being compiled)	Target achieved
3.4 Humanitarian response, return and early recovery activities are well coordinated and	3.4.1. No. of DHMT quarterly coordination meetings supported in each of the two districts and capacity built	Two of the two DHMT coordination meetings supported and held in each of the two districts.	Meetings were very productive but partners did not attend one meeting;
duplication prevented through coordination meetings, and mapping of interventions to identify gaps (who, where and what).	3.4.2. No. of situation analysis and health assessments conducted to identify gaps in return areas and map availability of health interventions (who is where and doing what)	Update of Service Availability Mapping on-going in Lira and Oyam to inform of the gaps. in the project area.	The project being implemented is addressing the gaps identified. The epidemics were averted.

Output	OVIs	Progress/Results	Comments/ Recommendation
	3.4.3. No. of support supervision to the return areas and former camp areas	Two support supervision carried out in each of the two districts as targeted	The concerns identified were systematically addressed following the visits; Advocate for availability of medicines at NMs and increased funding in the PHC;
	3.4.4. No. of NPO recruited to support the districts with coordination of health response, monitoring and evaluation	One NPO continues to supervise and monitor the project from WHO FO Gulu now – evaluation is on-going.	Project well coordinated through the continued support of the NPO.
	3.4.5. No. of Programmed monitoring and evaluations done	The on-going bi-monthly support supervision ensured effective monitoring and evaluation of the project	Continue monitoring & evaluations at regular periods & need for centrally organized evaluation.
4.1 Local communities are made aware of mediation and dialogue in the resolution of conflicts, Reconciliation and moral recovery.	No OVIs indicated in the project document.	Priority for implementation by UNDP in 2011	Being fast tracked
4.2 Mediation services, dialogues, and reconciliation activities involving the youth, women, cultural, religious, and local leaders in 16 sub- counties and two districts are strengthened.	No OVIs indicated in the project document.	Priority for implementation by UNDP in 2011	Being fast tracked

Output	OVIs	Progress/Results	Comments/ Recommendation
4.3At least 480 women and youth from 16 peace rings are engaged in participatory reconciliation and peace-building initiatives.	Structures involving a cross- section of the community (women, youth, religious and cultural/local leaders) for conflict resolution and peace-building are established and strengthened.	Priority for implementation by UNDP in 2011	Being fast tracked

SECTION 4: IMPLEMENTATION ISSUES

4.1. Implementation Constraints

During the period of reporting, the project has faced some implementation constraints as summarized in the below table two;

Agency	Implementation constraints	Plans to address constraints
	Insufficient numbers and skills mix of health workers;	Recruitment of health workers has taken place and more recruitment is advocated in the future to achieve the staffing norms.
WHO	Staff absenteeism is a main concern in health facilities	Staff houses being constructed using PRDP funds and will address the housing gap and ensure that staff stays within health facility areas to reduce on absenteeism.
WHO	Poor infrastructure of the health facilities;	Advocate for improvement of the infrastructure in the health units and other infrastructures outside the health units.
	Lack of medical equipment	Advocate for re-equipping of the health facilities.
	Lack of managerial capacity in the health sub-district in-charges to supervise the lower health units	There is need to advocate for building of the capacity of the HSD in-charges.
UNDP	UNDP went through a change management (<i>organizational</i> <i>transformation</i>) process, to enable the country office to align its resources, both financial and human, behind the results i.e. its vision. The process resulted in changes in personnel thus impacting on the process of recruiting both the implementing partner and a Project Manager to oversee the overall implementation of the project.	UNDP has partnered with World Vision UK and has hired a Programme Manager to fast track project implementation with the possibility of a no cost extension to ensure all project outputs are delivered.
WFP	Price escalation since the timing of project planning significantly increased the cost of construction of both market collection points and access roads. Delay in disbursement of funds to WFP	With the construction cost having increased dramatically in the past two years, WFP adjusted its targets to fit with the available resources
	There has been a challenge of identifying to right species seedlings that rhyme with soil conditions of the region.	District Forestry department has been able to provide appropriate seeds.

Table 2: Implementation Constraints

4.2. Lessons Learnt:

This section presents lessons learnt in regard to working with partners, good practice/innovation, the application of human security concepts and; project management for the year under review. These lessons will inform the second phase of implementation of the project.

Table 3: Lessons Learnt

Issue	Lessons
	Collaboration with partners in joint programming achieves better response to the multi sect oral needs of the community by harmonizing expertise and comparative advantage of the participating agencies.
Working with partners	Engagement of partners is a gradual, time consuming process that needs to be initiated as soon as there are indications of funding other than wait until actual funds disbursement is effected.
paraters	Joint efforts achieve better response to multi- sect oral needs of the community by harmonizing experience and using comparative advantages, which the respective agencies possess.
	Some partners have been rigid during implementation to only take up areas that they originally operated and are not willing to take up new challenges
	Using a unified framework for monitoring and reporting of activities / achievements / challenges provides better comparability and extent of performance;
	Regular collection, analysis and dissemination of relevant data assist in the determination of status of indicators;
Good practice /	Regular update of the 4Ws (Who, What, Where & When) prevents duplication of activities.
Innovation	Stake holder collaboration reduces service duplication through the use of the 4Ws.
	Engagement of partners with technical comparative advantages leads to good quality service delivery.
	Harmonious collaboration with government agencies /programmes like NAADS II, NUSAF II, UPE is well noted and felt but it is not captured during monitoring
	Maintaining a unified framework for reporting, monitoring, implementation evaluation needs to be upheld.
Application of human security concept	The United Nations concept of human security which is being applied in this project focuses on security at the individual level rather community or national level. This encompasses health security, food security, social security, economic security and others.
	The project was managed through the involvement of stakeholders at parish, sub-county, district and national levels from inception, launching, implementation, support supervision, monitoring to evaluation.
	Stakeholder engagement has its challenges that at some points slowed down implementation of project activities.
Project management	Delegations to lower levels such as Sub County and Parishes would be most realistic for the technocrats wherever possible.
	It would be advisable to initiate the preliminary activities on project implementation as funds are being processed. This however is only possible if the agency can borrow funds from other projects. This would save time and
	ensure timely implementation once the funds are disbursement. A mechanism to cater for such would be recommended. Project costs can be considerably reduced if agencies deliver as one. Overhead

Issue	Lessons
	costs can be considerably reduced. For instance, in joint assessments,
	monitoring, etc movement costs are reduced.
	Concentration of projects by agencies in given geographical areas, leads to
	optimal realization of benefits from inputs such as funds, technical
	comparative advantages etc.
	Selection of project sites is another slow process that requires inter -stake
	holder and technical input. This is often another reason for delayed project take – off.
	Certain projects are better implemented during particular seasons. This needs to be taken into consideration regarding funds disbursement.
	It's easy to manage a few community members who have initiated and shown
	interest in certain project components.

4.3. Percentage of budgeted funds spent

Agency	Year 1 Funds	TOTAL Funds	%
	Allocated	Spent in Year 1	
WFP	946,950.00	300,000	31.6%
WHO	375,077.80	146,280.34	39
UNDP	1,243,185.92	3,590.45	0.3

Table 4: Percentage of budgeted funds spent

4.4. Impact of key partnerships and inter-agency collaboration

- Partnerships and collaborations have enabled us to address the need of the affected population in a more comprehensive way;
- Joint efforts achieve better response to multi-sect oral needs of the community by harmonizing experience and using comparative advantages, which the respective agencies possess;
- Stake holder collaboration reduces service duplication through the use of the 3Ws;
- Engagement of partners with technical comparative advantages leads to good quality service delivery;
- Maintaining a unified framework for reporting, monitoring, implementation evaluation needs to be up held.

4.5. Impact of project on women, girls, boys and men

The project is expected to impact on 68,457 people of which 32,951 are males and 35,506 are females and 13,143 are children under 5 years.

SECTION 5: 2011 ANNUAL WORK PLAN

5.1. Overview of major planned activities for forthcoming year

The overview of the major objectives, outputs and planned activities for the following year are provided in the attached annual work plan. Review/ adjustments is to be done against planned activities and milestones achieved

5.2. Major adjustments in the strategies, targets, or key outcomes planned

The following adjustments are deemed necessary to ensure project objectives are achieved in the existing budgetary considerations:

Objective 1:

The target for road construction will be scaled down from 100km to about 57km, due the increase in the cost of construction of a km of road from about 4,000 US dollars to 7,000 US dollars¹.

The number of beneficiaries to be trained in woodlot establishment and management to be reduced from 2000 to 800, this is to have a manageable number with high impact in the community.

World Food programme has encountered certain operational challenges during the implementation of this project. Specifically, the unit costs for road and storage facility construction have greatly increased forcing WFP to adjust targets (output) to be constructed within the approved budget. Below is a table explaining the changes:

Objective	Original output	Original unit cost	Current unit cost	Proposed adjusted of output
To facilitate resettlement and recovery among the target population through enhancing the physical and organisational assets in 16 sub- counties that are areas of return by end of the project	16 satellite market collection points constructed and equipped with cleaning and drying facilities 100km of roads constructed in 16 sub-counties of	\$21,250 \$4000	\$28,000 - \$42,500	8 satellite collection points of 100mts - 300mts capacity provided with basic post harvest handling equipment such as tarpaulins, moisture-metre, grain shellers
period	Lira and Oyam		\$7000- \$10,000	57 km of roads

5.3. Justifications:

Owing to substantial increases in the price of construction material, WFP was forced to reduce specific targets of its interventions that related to construction. This section gives a detailed justification for this.

¹ Two years ago the cost of construction/rehabilitation of a km of murram road was about 4,000 US\$. The current government rate for marrum road of a good grade is 7,000 US\$. The increase in the coat is as result to the increase in the cost of fuel, equipments, cement and culverts and the exchange rate that affect the labor cost, which is estimated to about 30% of the total construction cost.

- *i) Road construction and Rehabilitation:* Two years ago the cost of construction/rehabilitation of a km of murram road was about 4,000 US\$. The current government rate for marrum road of a good grade is between 7,000 US\$-10,000 US\$. The increase in the cost is as result of the increase in the costs of fuel, equipment, cement and culverts and the exchange rate that affect the labor cost, which is estimated at 30% of the total construction cost.
- *Construction of Satellite collection points:* The proposal was approved when designs for the satellite collection points envisaged had not been made. The unit cost for a satellite collection point were largely estimates and most probably for stores of less than 100 metric tonnes. However, WFP adopted the designs and bills of quantities for 100-300 metric tonne capacity satellite collection points being constructed under its Purchase for Progress Initiative with a 100-300 metric tonnes capacity. The equipment such as Moisture Meters was also under budgeted. For example, while a single moisture meter costs US\$ 700 it requires an additional US\$ 50 to calibrate it for a single crop. For communities with more than one crop to be stored at the store, it would require more resources for calibration alone. This explains why the unit cost of construction of a satellite collection point, including equipment increased from US\$ 21,250 to 42,500 including equipment². The number of market collection points has decreased from 16 to 8. This was done due to budgetary constraints. Of the 8, four will involve construction and equipping of new market collection points; the remaining four will entail rehabilitation, upgrading and equipping of existing facilities.
- iii) Fish farming and Environmental: The number of fishponds to be restocked was adjusted from 90 to 40 due to the geographical coverage of the project. Additional fishponds are situated in Dokolo district, which UNTFHS funds do not cover. Based on advice from District Officials and farmers, a new approach is under development to meet the project objectives. Currently, in collaboration with the government, a new strategy is under review and will be circulated to all stakeholders in February.
- **iv) Impact of the change**: The change in output will have effects on the geographical coverage. Specifically, not all the 16 sub-counties will have the same activities as those planned for at the time of the original project document. The activities will now cover at least 8 10 sub-counties. Construction of roads will be prioritized according to needs, such as connection to health facilities, storage and markets, whilst the satellite collection points will be constructed in high grain production sub-counties. These physical structures will contribute to facilitating resettlement and recovery.
- v) Mitigation: As indicated above, strategic locations serving larger parts of communities will be selected for both the access roads and satellite collection points to be constructed / rehabilitated in order to serve most of the intended beneficiaries. In addition, WFP will explore the possibility of utilizing other available resources under the P4P project to rehabilitate / construct more kilometers of roads and satellite collection points in order to increase the number of beneficiaries as envisaged in the original project document

² The equipment distributed at each satellite collection point include: a weighing scale, moisture meter, tarpaulins and Shellers.

5.4. ANNUAL WORKPLAN FOR 2011

Work plans for the second year of the project will see WFP and WHO complete their components within 2011. However UNDP implemented components are expected to spill over into 2012 because of the late start date.

			WFP DETAIL	EC		1P	LE	ME	N	ТА	TI	10	N P	LA	N		
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SUMMA RY OBJECTI VE	OUTCOME	OUTPU	TS/ ACTIVITIES	J	F	М	A	М	J	J	A	S	0	N	D	Person(s) responsible	Major Assumptions Related to the timing of the activity
		Outp ut 1.1	Physical assets (community roads) that connect target population to basic services are opened and serviceable					-	-				L			AMS-SPA	Favorable weather conditions,Condusiv e political and economic environment
	1.0	1.1.1	Construction of at least 46kms of access roads		Γ		٦	-		Γ	Γ	Γ	Γ			AMS-FMA	
1.0. Resettle ment through enhanc	Facilitate resettleme nt and recovery among	Outp ut 1.2	Land at selected gazetted IDP camps and areas of return is restored and sustainably managed.					_	_							SPA- Environment project	Favorable weather conditions,Condusiv e political and economic environment
ement of organiz ational	the target population through enhancing	1.2.1	Establish two tree nurseries to provide seedlings to schools and communities													FMA- Environment project	
assets in 16 sub counties in Lango	physical and organizati onal assets in the 16 sub-	1.2.2	Environmental conservation awareness raising and sustainability trainings for 3,146 beneficiaries(50% female)		ſ	٦	٦	_	-	Γ	ſ	ſ	ſ	٦		FMA- Environment project	
	counties.	1.2.3	Establishment of humanitarian energy saving stoves in at least 1,000 HHs in 16 most degraded parishes of the 16 supported sub counties.		ſ]]	_	_							FMA- Environment project	
2.0.To improve producti on capacity and incomes and access	Improved production capacity and income of 10,000 household s through agricultura	Outp ut 2.1	Annual per capita increase in marketable surplus of staple foods (maize, beans) sold through farmer association members (disaggregated by gender and commodity type)		[ſ	J		AMS-SPA	Good yields,Condusive political and economic environment

to market of 10,0000 househ olds in	l and non- agricultura l activities	2.1.1	Construction of at least Six new main market collection points (stores). One is already completed and two are being built.	Γ	ſ]]	_	_	Γ	ſ	ſ	ſ]]	AMS-FMA	
16 sub- counties in		2.1.2	Rehabilitation of at least 2 existing market collection centers				7	-	I.	Γ	Γ					AMS-FMA	
Lango		2.1.3	Installation of cleaning, drying, and bagging equipment in the market collection points										_			AMS-FMA	
		Outp ut 2.2	Alternative sources of income of 2,000 farmer households increased through community based integrated fish farming.	ſ]]	-	-		ſ	ſ				AMS-FMA	Good yields,Condusive political and economic environment
		2.2.1	Restocking of 40 fish ponds in Oyam and Lira district					-	I.							AMS-SPA	
		2.2.2	Completion and operationalization of the hatchery at Anai													AMS-SPA	
		2.2.3	Training of 2,000 fish farmers in modern and sustainable fish farming techniques and capacity building of district fisheries departments in Oyam and Lira]		_								AMS-SPA	

WHO : DETAILED IMPLEMENTATION PLAN 2011

SUMMARY OBJECTIVE 3.0. To improve the health, nutrition and HIV/AIDS status of at least 228,190 persons in the 16 sub-counties and uphold their right to health through improved access to quality health, nutrition and HIV/AIDS services within 2 years (WHO)

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OUTCOME	OUTPUTS/	ACTIVITIES	J	F	М	A	М	J	J	A	S	0	N	D	Person (s) respon sible	Major Assumptions Related to the timing of the activity
3.1. Returned populations (especially those in areas without	Output 3.1	Access to basic medical services is assured in the project area by ensuring availability of essential drugs at health facility and community levels and providing outreach services to areas without health facilities			ſ		-		Γ				٦		Proj. Mnger	
functional health facilities) have access to basic health, nutrition HIV services	3.1.1.	Provision of technical support to district health teams to quantify, order for and transport basic drugs and medical supplies to the rehabilitated health facilities							Ĺ						WHO	Conducive political and economic environment
	3.1.2.	Provide bi-monthly technical support supervision to ensure availability of essential medical services according to HSSP II minimum health care													WHO and DHTs	

		package													
	31.3.	Conduct outreaches to hard-to- reach areas and return areas with no functional health facilities	-	-			÷	L					-	WHO and DHTs	
	3.1.4.	Conduct refresher training for 1770 VHTs and CMDs and provide them with all necessary incentives	-					Γ			7			WHO and DHTs	
	3.1.5.	Scale up HIV/AIDS testing, counseling and treatment and TB community-based DOTS in return areas	-	-	ſ		-	ſ]]	٦	٦		WHO and DHTs	
	Output 3.2.	Early detection and prompt response to epidemic outbreaks is assured through strengthening of the HMIS and surveillance system and stockpiling of drugs and medical supplies													
3.2. Timely detection and response to epidemic outbreaks.	3.2.1.	Strengthen HMIS and disease surveillance in all five districts through on job training of surveillance focal persons, provision of HMIS/IDSR tools and support supervision to health units especially the none-reporting or late reporting one.	-	-	Γ		-	ſ]	7	٦	٦		WHO and DHTs	Favorable weather conditions, conducive political & economic environment
	3.2.2.	Procure and stockpile emergency drugs and medical supplies for likely epidemics, conduct necessary EPR training, produce and disseminate IEC materials	-	-			-							WHO and DHTs	
3.3. Onset of	Output 3.3.	Access to essential life saving preventive interventions assured in project area					-								
preventable diseases on the returned	3.3.1.	Conduct pulse immunization and child days in two districts												WHO and DHTs	
populations averted	3.3.2.	Establish preventive services for neglected diseases such as sleeping sickness and lymphatic filariasis												WHO and DHTs	
3.4. Effective delivery of	Output 3.4.	Humanitarian response, return and early recovery activities are well coordinated and duplication prevented through coordination meetings and mapping of interventions to identify gaps (Service Availability Mapping).													
humanitarian response return	3.4.1.	Cluster co-ordination and capacity building activities	-		Γ	٦		Γ		٦		٦		WHO and DHTs	
and early recovery activities	3.4.2.	Conduct situational analysis and health assessments to identify gaps in return areas and map availability of health interventions												WHO and DHTs	
	3.4.3.	Conduct support supervision to the return areas and camps	-					L						WHO and DHTs	

3.4.4.	Recruitment of NPO to support the districts with co-ordination of health response, monitoring and evaluation						WHO and DHTs	
3.4.5.	Programmed monitoring and evaluation	-					WHO and DHTs	

		UND	P DETAILED 1 YEA						ΑΤΙ	ON	I PL	AN					
			WORK	ΡL	.Aľ	12	01	1									
SUMMARY OBJECTIVE	OUTCOME	OUTPUT	rs/ activities	Ĵ	F	М	A	М	J	J	А	S	0	N	D	Person(s) responsible	Major Assumpti ons Related to the timing of the activity
		Output 1	Capacity of local Governments to implement participatory development mgt strengthened]]	٦	-	ſ			-]			Proj. Mnger	
1.0. Resettlement through enhancemen	Facilitate resettlem ent and recovery among the target populatio n through	1.1	Train and facilitate Parish, Sub- county and District Technical Planning Committees of Lango sub- region on participatory development management													Agric & Livelihood Officer	Conduci ve political and econom ic environ ment
t of organizationa I assets in 16 sub counties in Lango	enhancing physical and organizati onal assets in the 16	1.2	Support trainings for public accountability organs (DPAC, CSOs, media campaign)				_	L	-							Agricultur e & Livelihood Officer	
	sub- counties.	1.3	Train Local Councilors on human rights and their judicial mandates				-									Agricultur e & Livelihood Officer	
		1.4	Train clan leaders and parish and sub-county land													Agricultur e & Livelihood Officer	

			committees on managing land											
			as a development resource											
		1.5	Backstopping the formulation of village/Cell, Parish/Ward & LLG profiles, strategies and 1year plan		٦	-	Г	-	ſ				Agricultur e & Livelihood Officer	
		1.6	Support to the development of traditional, cultural, and religious justice system		7	-	ſ	_	ſ					
		1.7	Training technical staff in techniques of integrating community plan into Parish/Ward & higher level LG devt plans					-						
		1.8	Documentatio n of PDM Practices to enable accelerated learning & share experiences.									L.		
2.0.To improve production	Improved productio n capacity and	Outpu t 2.1	Agricultural production and productivity of 6,000 households increased through provision of agricultural inputs and training											
capacity and incomes and access to market of 10,0000 households in 16 sub- counties in Lango	income of 10,000 household s through agricultur al and non- agricultur al activities	2.1.1	Training of 6,000 households on improved farming technologies (production and productivity)			-	ſ						Agricultur e & Livelihood Officer	Favorabl e weather conditio ns, conduci ve political & econom ic environ ment

			Training of							
		2.1.2	6,000 households on agricultural business and marketing technologies				ſ			Agricultur e & Livelihood Officer
		2.1.3	Provision of technical backstopping/ extension services on agricultural production			-				Agricultur e & Livelihood Officer
		2.1.4	Provision of agricultural inputs and farm implements (hoes, seeds, oxen, and ox ploughs) to 6,000 households							Agricultur e & Livelihood Officer
		Outpu t 2.2.	Economic opportunities of 2,000 households diversified through provision of non-agriculture skills and access to savings and financial resources							Project Manager
		2.2.1	Establishment of 60 Village Savings and Loans Associations (VSLAs) benefiting 2,000 households							Agricultur e & Livelihood Officer
		2.2.2	Provision of training and sensitization on sustainable VSLAs				L	_		Agricultur e & Livelihood Officer
		2.2.3	Conduct of business/mark eting/skills training to 60 VSLAs comprising 2,000 households							Agricultur e & Livelihood Officer
4.0. Engage communities in 16 sub-	Women, youth, religious	Output 4.1	Local communities are made aware of mediation and							Project Manager

counties in peace building and conflict prevention	and cultural leaders engaged in peace building		dialogue in the resolution of conflicts, reconciliation, and moral recovery											
processes	and conflict prevention	4.1.1	Organize and train 2 District Peace Teams.										Peace Building Facilitator	
		4.1.2	Conduct an awareness campaign utililizing the tri-media in 2 districts						-				Peace Building Facilitator	
		Output 4.2	Mediation services, dialogues, and reconciliation activities involving the youth, women, cultural, religious, and local leaders in 16 sub-counties and 2 districts are strengthened.			_							Project Manager	
		4.2.1	Conduct of civil-military dialogue meetings in 2 districts										Peace Building Facilitator	
		4.2.2	Conduct community reconciliation and dialogue meetings with the youth, women, and cultural, religious and local leaders in 16 sub- counties.										Peace Building Facilitator	
		4.2.3	Conduct at least 2 inter- ethnic group meetings										Peace Building Facilitator	
		Output 4.3	At least 480 women and youth from 16 peace rings engaged in participatory reconciliation and peace building initiatives.]	-	ſ	Γ		Γ	1		Project Manager	
		4.3.1	Organization of 16 women										Peace Building	

4.3.2Training of 16 women and youth peace rings for awareness creation.Peace Building Facilitator4.3.3Engagement of 16 women and youth peace rings in the conduct of reconciliation and peace- building dialogues.Peace Peace Building Facilitator		and youth peace rings							Facilitator	
4.3.3 of 16 women and youth peace rings in the conduct of reconciliation and peace- building	4.3.2	women and youth peace rings for awareness							Building	
	4.3.3	of 16 women and youth peace rings in the conduct of reconciliation and peace- building]			_			Building	

SECTION 6: CONCLUSION

The Northern Uganda Early Recovery Project that was formulated in 2009 and launched in April 2010 has been implemented by the three UN partners: WHO, WFP and UNDP. The first half of 2010 was reported on in the first Progress Report and this Progress Report which covers the period July to December 2010 is the second half year progress Report. Input from WHO and WFP have yielded some positive outputs. With UNDP fully joining in the partnership, the inter-Agency collaboration is expected to yield better outcomes than it did during the past year of implementation. Key challenges that will cause some nominal shortfall on the results are the increasing prices of goods and services against a fixed budget for the project. With innovations and cost sharing initiatives, it is anticipated the shortfalls will be mitigated overtime. The other constraint is relating to the delayed commencement of the project for which a no cost extension is being sought so the available resources are used to achieve the set objectives and targets.